

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 831462 (7)
1. Corporation Name
ECOLOCHEM, INC.



Principal Place of Business Mailing Address
4545 PATENT ROAD 4545 PATENT ROAD
NORFOLK VA 23502 NORFOLK VA 23502

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/14/1973	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		54-0947592	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and office (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	DICKERSON, LYMAN C. (CHRM)	1.2 NAME	
STREET ADDRESS	4228 SANDY BAY DRIVE	1.3 STREET ADDRESS	3100 Shore Drive
CITY-ST-ZIP	VA. BEACH VA	1.4 CITY-ST-ZIP	Virginia Beach, VA 23451
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DICKERSON, RICHARD C.	2.2 NAME	
STREET ADDRESS	1609 MOORE'S LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VA. BEACH VA	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	DICKERSON, DOUGLAS G.	3.2 NAME	
STREET ADDRESS	4204 SANDY BAY DRIVE	3.3 STREET ADDRESS	1204 Kamichi Court
CITY-ST-ZIP	VA. BEACH VA	3.4 CITY-ST-ZIP	Virginia Beach, VA 23451
TITLE	PD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DICKERSON, LYMAN B	4.2 NAME	
STREET ADDRESS	280 LEUCADENDRA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address

CR2E034 (10/97)